

OFFICE USE ONLY

ORGANIZATION AND FIRST REPORT

STOCK OR NONSTOCK CORPORATIONS

• Use ink. • Print or type.

• Attach additional 8 1/2 x 11 sheets if necessary.

NAME: ADDRESS: CITY: STATE: ZIP: - FILING FEE: \$150 Exception: \$50.00 filing fee for nonstock (nonprofit) corporations. Make checks payable to "Secretary of the State" 1. NAME OF CORPORATION (Name must match our records exactly, including the business designation, e.g., Inc., Co., Corp.):					<u> </u>	
NAME: ADDRESS: CITY: STATE: ZIP: 1. NAME OF CORPORATION (Name must match our records exactly, including the business designation, e.g., Inc., Co., Corp.): 2. DATE OF ORGANIZATION MEETING: 3. NAICS CODE (six digits) (required): (P0. Box unacceptable) STREET: CITY: STATE: ZIP: - 5. Make checks payable to "Secretary of the State" SAME OF CORPORATION (Name must match our records exactly, including the business designation, e.g., Inc., Co., Corp.): A. PRINCIPAL OFFICE ADDRESS (required) (Provide full address): (P0. Box unacceptable) STREET: CITY: STATE: ZIP: - 5. Make checks payable to "Secretary of the State" "Secret	FILING PARTY (Confirmation will be sent to this address):					
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6. OFFICERS: A. OFFICER'S TITLE NAME: **BUSINESS ADDRESS** (required): RESIDENCE ADDRESS (required): Check box if none: (P.O. Box unacceptable) (P.O. Box unacceptable) STREET: STREET: CITY: CITY: STATE: ZIP: STATE: ZIP: **B. OFFICER'S** TITLE NAME: RESIDENCE ADDRESS (required): **BUSINESS ADDRESS** (required): Check box if none: (P.O. Box unacceptable) (P.O. Box unacceptable) STREET: STREET: CITY: CITY: ZIP: STATE: ZIP: STATE: C. OFFICER'S TITLE NAME: **BUSINESS ADDRESS** (required): RESIDENCE ADDRESS (required): Check box if none: (P.O. Box unacceptable) (P.O. Box unacceptable) STREET: STREET: CITY: CITY: STATE: ZIP: STATE: ZIP: 7. DIRECTORS: A. DIRECTOR'S TITLE NAME: **BUSINESS ADDRESS** (required): RESIDENCE ADDRESS (required): Check box if none: (P.O. Box unacceptable) (P.O. Box unacceptable) STREET: STREET: CITY: CITY: STATE: ZIP: STATE: ZIP: **B. DIRECTOR'S** TITLE NAME: **BUSINESS ADDRESS** (required): RESIDENCE ADDRESS (required): Check box if none: (P.O. Box unacceptable) (P.O. Box unacceptable) STREET: STREET: CITY: CITY: STATE: ZIP: ZIP: STATE: C. DIRECTOR'S TITLE NAME: **BUSINESS ADDRESS** (required): RESIDENCE ADDRESS (required): Check box if none: (P.O. Box unacceptable) (P.O. Box unacceptable) STREET: STREET: CITY: CITY: STATE: ZIP: STATE: ZIP:

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PHONE: 860-509-6003 • EMAIL: crd@ct.gov • WEB: www.concord-sots.ct.gov 8. CHANGE OF REGISTERED AGENT INFORMATION (If no changes, check box "no changes" and proceed to Section 9): Check box if no changes: NOTE: COMPLETE EITHER 8A OR 8B BELOW, NOT BOTH. A. If Agent is an individual, print or type full legal name: ______ Signature accepting appointment **BUSINESS ADDRESS** (required): **CONNECTICUT RESIDENCE ADDRESS** (required): Check box if none: (P.O. Box unacceptable) (P.O. Box unacceptable) STREET: STREET: CITY: CITY: STATE: CT ZIP: STATE: ZIP: **CONNECTICUT MAILING ADDRESS** (required) (For stock corporations only): STREET OR P.O. BOX: CITY: CT STATE: ZIP: NOTE: DO NOT COMPLETE 8B IF AGENT APPOINTED IN 8A ABOVE. B. If Agent is a business, print or type name of business as it appears on our records: Signature accepting appointment on behalf of agent: Print full name and title of person signing on behalf of agent: **CONNECTICUT BUSINESS ADDRESS (required): CONNECTICUT MAILING ADDRESS** (required): (P.O. Box unacceptable) (for stock corporations only) STREET: STREET OR P.O. BOX: CITY: CITY: CT CT STATE: ZIP: STATE: ZIP: 9. ENTITY E-MAIL ADDRESS (required): (Check box if none. Do not leave blank.) None 10. EXECUTION/SIGNATURE (required) (Subject to penalties of false statement): Date (mm/dd/yyyy): _____ NAME OF SIGNATORY CAPACITY/TITLE **SIGNATURE OF SIGNATORY** (print or type)

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INSTRUCTIONS FOR COMPLETION OF THE ORGANIZATION AND FIRST REPORT — CORPORATION

Instructions correspond with numbered entries on the form.

- 1. Provide the complete name of the Corporation as it currently appears on the records of the Secretary of the State, including the business designation, e.g., Inc., Co., Corp.
- 2. Provide the month, day, and year on which the organization meeting took place. (The first report is due within 90 days of file date of the Certificate of Incorporation.)
- 3. Provide the six-digit North American Industry Classification code number. The code can be found by going to www.census.gov/naics or by calling the U.S. Census Bureau at 1-888-756-2427. (business/occupation/profession code)
- 4. Provide a complete address of the Corporation's principal office including a number, street name, city, state, and postal code. P.O. Boxes are only acceptable as additional information.
- 5. Provide the address to which the Secretary of the State should mail the Corporation's annual report form, if other than its principal office address. A P.O. Box is acceptable for this address.
- 6. Provide the names of all of the Corporation's officers, their titles, and their business and residence addresses. Complete street addresses, including a number, street name, city, state, postal code, and country if other than the United States, are required. Note: P.O. boxes are only acceptable as additional information. Additional officer information may be provided on attachment sheets; be sure to label all address information ("business" and "residence").
- 7. Provide the names of all of the Corporation's directors and their business and residence addresses. Complete street addresses, including a number, street name, city, state, postal code, and country if other than the United States, are required. Note: P.O. boxes are only acceptable as additional information. Additional director information may be provided on attachment sheets; be sure to label all address information ("business" and "residence").
- 8. CHANGE OF REGISTERED AGENT INFORMATION: Complete this section if the corporation wishes to change its registered agent information. If no changes to agent information, check box "no changes." Complete Section A if the agent will be a person who is a Connecticut resident; complete Section B if the agent is a business entity that is active on the records of the Secretary of the State (corporation, LLC, LLP, or statutory trust). Note that the Corporation cannot appoint itself as the registered agent. To verify current agent info, go to www.portal.ct.gov/sots; click on "Business Services" then "Search Business" and enter exact business name or business ID# and click on result. Check "Agent Summary."
- 9. ELECTRONIC MAIL ADDRESS: Please enter the Corporation's email address. If no email address, check box "none."
- 10. The document must be executed/signed by an authorized official (officer/director) of the Corporation. That person must print or type their name, state the capacity/title under which they sign, and provide a signature. The execution/signature constitutes a legal statement under the penalties of false statement that the information provided in the document is true.

OFFICE OF THE SECRETARY OF THE STATE

Mailing Address:

Business Services Division Connecticut Secretary of the State P.O. Box 150470 Hartford, CT 06115-0470

WEBSITE: www.concord-sots.ct.gov or

www.portal.ct.gov/sots

Delivery Address:

Business Services Division Connecticut Secretary of the State 165 Capitol Avenue, Suite 1000 Hartford, CT 06106

PHONE: 860-509-6003